7/6/23, 3:18 PM Division of Corporations

P23000056146

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 JUL -6 PM 3:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
S.I.B. International Associates, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: S.I.B. International Associates, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

407 Lincoln Road, Suite 9A

Miami Beach, FL 33139

Mailing address, if different is

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: International Consultants

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leonard Dixon, President

Address: 407 Lincoln Road, Suite 9A, Miami Beach, FL 33139

Name and Title: George L. Brito, Vice President

Address: 407 Lincoln Road Suite 9A, Miami Beach, FL 33139

Name and Title: Frederick Simmon, Treasurer

Address: 407 Lincoln Road, Suite 9A, Miami Beach, FL 33139

Name and Title: Frederick Simmon, Secretary

Address: 407 Lincoln Road, Suite 9A, Miami Beach, FL 33139

Name and Title:

Address

Name and Title:

Address:

23 JUL -6 AM 7:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Leonard Dixon

Address: 407 Lincoln Road, Suite 9A

Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The **name and address** of the incorporator is:

Name: Leonard Dixon

Address: 407 Lincoln Road, Suite 9A

Miami Beach, FL 33139

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Required Signature/Registered Agent

6 July 23

Date

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23 JUL 6 AM 2:14
FLORIDA DEPARTMENT OF STATE

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date 6-July-23